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School Practitioner Listserv

A Weekly Community of Practice Network for Sharing and Interchange

Mental Health in Schools UCLA Center Program and Policy Analysis*

May 12, 2014

Special edition on:

Schools working with community mental health providers at a school site

Request

>**What to say to school staff about broadly integrating mental health providers from the community**

Feedback from Colleagues

>**About integrating community mental health providers**

Featured Center Resource

>**Strengthening school/community partnerships for MH**

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Please forward this to a few colleagues you think might be interested.
The more who join, the more we are likely to receive to share.

For those who have been forwarded this and want to be part of
the weekly exchange, send an email to Ltaylor@ucla.edu
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Request: "Typically I do presentations for mental health providers about how to better collaborate and work within school environments; now I'm being asked to do a presentation for school staff on how to better collaborate with mental health providers.... Trying to show them a 'bridge' between internal resources and external ones and when to use each."

Center Response: What a great opportunity to strengthen the school/community partnership and shared vision! In addition to the "bridge" between internal and external resources, there are many more planks on the bridge that might be fixed if community mental health providers work appropriately with school staff.

With respect to embedding the role of a community mental health provider into the full continuum of school-based efforts to address barriers to learning and teaching and re-engage disconnected students, a place to start the discussion with school staff is to stress the following::

(1) Clarify the processes and steps that teachers, school student support staff, and families can take when problems are first noticed. Providing the best supports at that time can prevent problems from escalating. Most schools have a team process in place (e.g., student study/assistance teams) for teachers to share concerns about students and for a team to discuss what to do. Emphasize that including outside mental health providers at this point allows them to see what is being tried for specific students and for common emotional and behavior problems and to use their expertise to add ideas and become involved with the school.

(2) When the team's plan doesn't solve the problem, a referral for mental health services may be necessary. Explain to the school staff that the involvement of community providers gives school staff an opportunity to learn about the range of expertise such professionals bring to the school and can enhance confidence about the appropriateness of referrals.

(3) If the school has a *Learning Supports Leadership Team* (see http://smhp.psych.ucla.edu/pdfdocs/resource%20coord%20team.pdf), discuss the role a mental health provider might play on this team. Here. too, this includes bringing the provider into efforts to enhance healthy development and prevent problems and clarify opportunities for integrating a mental health focus into all facets of the school/classroom.

We have range of resources that should be useful in both your presentation and in the follow up steps. They are cited in this edition of the *School Practitioner* in the section entitled: *Featured Center Resources.*

Listserv Participants: Do you have resources you can share related to discussions with school staff about the role mental health providers can best play in working with a school/district? Please send info to ltaylor@ucla.edu so we can share it with others.

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Feedback from colleagues:
>About integrating community mental health providers

We sent the above request to a few colleagues who have dealt with this matter. Here are some of the initial responses:

(1) "An important theme for teacher collaboration with mh providers is to ensure understanding of the school procedures in place for referral (to know when to refer to a school counselor or social worker and when to refer to mental health). It would also be important for the presenter to acknowledge the value of what teachers have to offer mh providers and value the discipline of their profession in collaboration. As a presenter, I would ask the teachers what they need in terms of collaboration with MH and listen to their ideas and challenges and take the info back to the mh providers. Above all acknowledge the part teachers play in both the behavior and well being of children. I'm on a campaign to promote that behavior and well being is every ones responsibility and to not pathologize children so quickly. Our most challenging children need adults to collaborate effectively to help a child. Next to a parent, a teacher is with a child most of day. "

(2) "I have lots of thoughts on this topic, as it's something we've really worked on....
>First off, it's important to have an identified 'mental health team' at the school (psychologist, nurse, counselors, admin, social workers, etc). Since those are the people with the most behavioral health training, we want to make sure that any 'referrals' are going through them. What we fear, as a school, is that we could have teachers telling parents 'your kid needs counseling!' in such a way that may inadvertently put the district on the hook for paying for private services that can be provided at the school (or might not even be needed).
>Second, I would highly encourage any districts to work on a referral/linkage protocol that will work for them. We have a linkage protocol that shows the process. The procedures need to be understood by all members of that mental health team, and then that information can be distributed to all staff members. Much like any other Tier I type of strategy, we want to make sure it's applied universally. Training efforts could then be focused on teaching the linkage protocol and then making sure it's followed appropriately. I always sell this to teachers by acknowledging their expertise as the first line of defense, but that knowing how much they're asked to do these days, we want to take that follow up off of their plates. Once the teacher has a concern, have a system in place for them to pass it along to the mental health team for appropriate follow up.
>Third, once those concerns are identified, I think the psychologist (or counselor or other behavioral health expert) can use any methods necessary to get a sense of the student's needs. Interviews, observations, rating scales, etc. The question of 'when does this need move beyond what the school can provide' is probably going to depend very heavily on what supports the school is able to offer, which is also important to have identified ahead of time .... I don't know that we (in my district) have a great way to quantify the severity (aside from more obvious scenarios involving suicidal ideation or self-injury), but that's where the mental health professional on campus uses his/her clinical judgment in assessing the level of impairment caused by the presenting symptoms. If it's a student who has reached my office and would seem to benefit from some consistent counseling, I always recommend that

the parents follow up on a treatment modality that would extend beyond the school day/year, even if I will continue to follow up.

The only other piece I neglected is about having school (or district) staff basically start shaking hands with some community providers. It's important to have a team (can be district-level) that works on getting to know the providers. Once relationships have been established with the community providers, 'train' them to always ask if they can share any info with the student's school. We've struggled getting community agencies to complete releases, so we try and make sure we obtain Releases from parents so the school can talk with the provider. I've yet to run into a provider that was upset that I reached out to coordinate care."

(3) "There is not an easy line to draw with this one but we encourage ... schools to provide space for MH providers thus creating a relationship between the two entities. There are many fine points to dissect such as access to care, meeting medical necessity, etc. When schools and MH providers form a relationship through reciprocal sharing of resources, it naturally becomes a continuum. Also, when schools open up their space for mental health services ... within the school grounds while protecting confidentiality and potential stigma, it improves the economy of scale for mental health providers. Instead of traveling to homes to provide counseling and support or hoping that people show up for in-office appointments, providers go to where the children are – in school."

(4) "The best I can offer up is Mental Health First Aid Training which is what we are recommending for school staff in TX. During the 83rd Legislature, State Senator Charles Schwertner authored an amendment to House Bill 3793 to fund Mental Health First Aid training for Texas teachers. Mental Health First Aid is a voluntary training program where participants learn the warning signs for an individual experiencing a mental health crisis and appropriate intervention strategies. The course will empower teachers to recognize students in need of support and help maintain a safe school environment. A total of $5 million was allocated over the 2014-2015 biennium to provide Mental Health First Aid Training ***at no cost*** to Texas educators. The course is highly recommended by the Director of our County Mobile Outreach Team, and she has many years of experience in providing school-based mental health services. Youth Mental Health First Aid class is designed to help distinguish between normal 'teen angst' and a true mental health emergency. It is also designed to inform staff of their available local mental health resources and how to access them. Each training allows teachers to earn continuing education credit. ... TX local mental health authorities (LMHAs) are currently organizing free Mental Health First Aid trainings for educators. Each class has a maximum of 30 participants and lasts 8 hours. The class may be completed in one 8-hour session or two 4-hour sessions. ... It is yet to be seen how many districts will participate.... Mental Health First Aid training will also satisfy new educator training requirements under Senate Bill 460. The bill requires school districts to provide training for teachers and other appropriate personnel in the detection of students with mental health disorders and effective intervention resources. ... It should be noted that Senate Bill 460 does not require a full eight hours of such training."

See powerpoint on Youth Mental Health First Aid presented at the Texas Institute for Excellence in Mental Health to the TX Children's Mental Health Forum, Jan 21, 2014.
http://txchildren.org/Images/Interior/mh%20forum/youth%20focused%20mhfa.pdf

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Featured Center Resource:
>Strengthening school/community partnerships for MH

As implied above, schools need a unified and comprehensive system of student and learning supports (see *Education Leaders' Guide to Transforming Student and Learning Supports*– http://smhp.psych.ucla.edu/pdfdocs/transguide.pdf). Such an approach requires all a school is able to devote to student/learning supports, as well as weaving those resources together with whatever resources the community and families can bring to fill critical gaps.

(1) For general resources about strengthening school-community collaboration, see the Center's Quick Find on:

>*Collaboration - School, Community, Interagency; community schools*
http://smhp.psych.ucla.edu/qf/p1201_01.htm

Also, as a cautionary note, see our recent policy notes entitled:

>*Integrated Student Supports and Equity: What's Not Being Discussed? –*
http://smhp.psych.ucla.edu/pdfdocs/integpolicy.pdf

(2) The Center has a considerable range of resources to help with embedding mental health into a comprehensive classroom and school-wide system for addressing barriers to learning and teaching and re-engaging disconnected students as an essential facet of ensuring all students have an equal opportunity to succeed at school. For easy access to some of these resources, they are combined into the Center's

>*Virtual Toolbox for Mental Health in Schools –*
http://smhp.psych.ucla.edu/summit2002/toolbox.htm

With reference to the necessary *continuum of interventions*, here are some examples of brief resources that school staff and community providers can share as they begin to work together.

• Start with a focus on mental *health* and preventing problems, see:

>*Promoting Mental Health and Preventing Problems at School*
http://smhp.psych.ucla.edu/pdfdocs/practicenotes/promotingmh.pdf

Promotion of MH encompasses enhancing knowledge, skills, and attitudes in order to foster social and emotional development, a healthy lifestyle, and personal well-being. The scope of work overlaps primary, secondary, and tertiary interventions for preventing mental health and psychosocial problems. Desired outcomes encompass those designated as 21st century skills in the framework for 21st century learning.

• The next level of focus is on responding as early after problem onset as is feasible, with an emphasis on providing in-classroom supports, see:

>*Prereferral Interventions*
http://smhp.psych.ucla.edu/pdfdocs/practicenotes/prereferral.pdf

Schools must design systems for intervening prior to referral for special assistance. Otherwise, referrals become overwhelming. A prereferral intervention process delineates steps and strategies to guide teachers.

>*Personalizing Learning and Addressing Barriers to Learning*
http://smhp.psych.ucla.edu/pdfdocs/personalizeI.pdf

> Personalized learning is placed within the context of other conditions that must be improved in classrooms and school wide to address factors interfering with student learning and performance. Special assistance in the classroom is outlined.

• For students and families that require individual services, it is helpful to view such assistance in the context of the range of assistance schools and communities can work together to provide. For a perspective on this, see:

>*Student and Family Assistance Programs and Services: A Self-study Survey*
http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/studentfamilysurvey.pdf

To help develop the processes involved in requesting services and monitoring progress and for enhancing communication between a community mental health provider and school staff as they work together to support the student/family, see:

>*Developing Systems at a School for Problem Identification, Triage, Referral, and Management of Care*
http://smhp.psych.ucla.edu/pdfdocs/practicenotes/developingsystems.pdf

> In responding to the MH and psychosocial concerns of students, school staff make a variety of decisions. This brief document illustrates and outlines matters to be considered as a school develops its systems for problem identification, triage, referral, and management of care.

>*Interviewing and Monitoring Tools* in *School-Based Client Consultation, Referral, and Management of Care*
http://smhp.psych.ucla.edu/pdfdocs/consultation/consultation2003.pdf

This provides an intro to "Facets of Connecting a Student to the Right Help" and provides the following readily adaptable tools

>Triage Review Request Form

>Student's View of the Problem

>Follow-up Rating Forms (for interveners and for clients)

>Management of Care Review Forms (Initial, Immediate Follow-up, Ongoing Review)

>End of Intervention Ratings and Conclusions

Please share relevant resources ideas, requests, comments, and experiences!

Send to ltaylor@ucla.edu

Note: Responses come only to the Center for Mental Health in Schools at UCLA for possible inclusion in the next week's message.

We also post a broad range of issues and responses to the *Net Exchange* on our website at http://smhp.psych.ucla.edu/newnetexchange.htm and to the *Facebook* site (which can be accessed from the Center's website homepage http://smhp.psych.ucla.edu/